

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)							SERIAL NO. 107537195	FILING DATE					
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		3				
2		1					52		(1)				
3		1					53		(1)				
4		3					54		(1)				
5		3					55		(1)				
6		(1)					56		(1)				
7		(1)					57		(1)				
8		(1)					58		(1)				
9		(1)					59		(1)				
10		(1)					60		(1)				
11		(1)					61		(1)				
12		(1)					62		(1)				
13		(1)					63		(1)				
14		(1)					64		(1)				
15		(1)					65		(1)				
16		(1)					66		(1)				
17		(1)					67		(1)				
18		(1)					68		(1)				
19		(1)					69	1					
20		(1)					70		1				
21		(1)					71		1				
22		(1)					72		3				
23		(1)					73		3				
24	1						74		(1)				
25		1					75		(1)				
26		1					76		(1)				
27		3					77		(1)				
28		3					78		(1)				
29		(1)					79		(1)				
30		(1)					80		(1)				
31		(1)					81		(1)				
32		(1)					82		(1)				
33		(1)					83		(1)				
34		(1)					84		(1)				
35		(1)					85		(1)				
36		(1)					86		(1)				
37		(1)					87		(1)				
38		(1)					88		(1)				
39		(1)					89		(1)				
40		(1)					90		(1)				
41		(1)					91		(1)				
42		(1)					92		(1)				
43		(1)					93						
44		(1)					94						
45		(1)					95						
46		(1)					96						
47	1						97						
48		1					98						
49		1					99						
50		3					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	4	↓		↓		↓
TOTAL DEP.		↖		↖		↖	TOTAL DEP.	104	↖		↖		↖
TOTAL CLAIMS							TOTAL CLAIMS	108					